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ROSEHILL ASSOC & SAINT CO



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)						
PARTI LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
Rosehill,	Linda	K.	536-2611			
MAILING ADDRESS (Street)			FAX			
·						
1088 Bishop Street,	Suite 1010		524-2628			
(City)	(State)	(Zip	Code)			
Honolulu,	HI	96813				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)   TELEPHONE						
Rosehill & Associates						
MAILING ADDRESS (Street)			FAX			
Same				1		
				1		
(City)	(State)	(Zip	(Zip Code)			

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Geoplasma LLC		(770) 399-9930			
MAILING ADDRESS (Street)		FAX			
171 17th Street,	NW, Suite 1550	(770) 206-9150			
(City)	(State)	(Zip Code)			
Atlanta,	GA	30363			
NAME OF PERSON RESPONSIBLE FOR P	REPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE			
Hilburn Hillestad					
MAILING ADDRESS (Street)		FAX			
Same					
(City)	(State)	(Zip Code)			

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P.03/03

PART	III DESCRIPTION OF SL	IBJECTS UPON WHICH Y	OIL EXPECT TO LODRY		
		parato of our minor in	OU EXPECT TO LUBBY		
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations. International Affairs		
	Consumer Protection & Commerce	Hawaiian Affalrs	Labor & Employment	Transportation	
	Culture. Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Olher: (indicate below)	
4	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	2-2	
PART		OBBYIST			
1.	hereby certify that the inform	ation furnished above is to	the had of my knowledge		
	Jude of his	ente	2/	correct and complete.	
	(Signa	ture of Lobbyist)	(	Date)	
PART	V AUTHODITATION TO				
NAME	V AUTHORIZATION TO L				
1 W W		TIT	TLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED	
Hilburn O. Hillestad			President		
NAME OF ORGANIZATION (if applicable)			TE	LEPHONE	
	Geoplasma LLC			(770) 399-9930	
MAILIN	GADDRESS (Street)		EA		
·	•		FA	X	
	171 17th Street	, NW, Suite 1550		(770) 206-9150	
((	City)	(State)	(Zip Code	)	
	Atlanta, GA	1	30363	,	
1 h	nereby authorize the above -	named person to engage in	hhhuina nativition on hohe	· · · · · · · · · · · · · · · · · · ·	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	(Signature of Authorizing	Officer or Person Represented)	- 7 4ci	007	
		Cimate of Cook (Achtosellera)	(L	Date)	

to promise